

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31
Sacramento, CA 95814



February 6, 1986

ALL COUNTY INFORMATION NOTICE NO. 1-13-86

TO: All Public and Private Adoption Agencies
All County Welfare Departments
All SDSS Adoptions District Offices

SUBJECT: Implementation of AB 2312, Adoptee-Sibling Contact
Bill

REFERENCE: All County Letter No. 85-127

Agencies were previously sent a copy of AB 2312 (Chapter 559, Statutes of 1985) which adds Section 230.8 to the Civil Code. This legislation provides for sibling contact when at least one sibling has been adopted and both have reached age 21 and have filed waivers permitting the disclosure of their names and addresses. Attached to this letter is the prescribed form for use in accepting waivers. Agencies will need to make copies of this form until it becomes available in the Department of Social Services Warehouse. Anticipated date of availability is March 1, 1986.

Regulations to implement this legislation are being developed. Agencies will receive copies of the proposed regulations in the near future. The proposed regulations provide for the following:

- I. The agency shall release to each sibling the name and address of his or her biological sibling provided that at least one sibling is an adoptee and both have reached the age of 21 years and filed a written waiver of rights to confidentiality in accordance with Civil Code Section 230.8.
 - A. Prior to releasing names and addresses of the adoptee and sibling to each other the agency shall verify their biological sibling relationship.
 1. The verification of the sibling relationship shall include, but not be limited to:
 - (a) Documentation in the agency or another adoption agency's case record, or

- (b) Documentation in the case record of a county welfare department, or
 - (c) Birth certificate of the sibling.
- B. The agency shall obtain the consent of the birth parents of the adoptee and sibling prior to disclosing the adoptee's name and address or the existence of a waiver filed by the adoptee in any case in which the sibling remained in the custody and control of the birth parents until he or she attained the age of 18 years.
1. In those instances in which the sibling and adoptee have only one birth parent in common, only that birth parent's consent is necessary.
 2. If the sibling remained in the custody and control of only one birth parent until age 18, only that birth parent's consent is necessary.
 3. The agency shall require of the sibling and the birth parent(s) documentation necessary to establish the parent-child relationship before the name and address will be made available for release.
 4. If any birth parent is deceased, the agency shall require proof of the parent's death before the requirement for consent of that parent can be waived.
 - (a) A copy of the death certificate or newspaper clipping, or other evidence of a funeral/memorial service which establishes the parent's death shall be accepted by the agency as evidence of the birth parent's death.
 5. In cases in which the sibling did not remain in the custody and control of his/her and the adoptee's birth parent(s) until age 18 but this fact cannot be verified, the agency shall accept as evidence that the sibling did not remain in the custody and control of the adoptee's and sibling's birth parent(s) an affidavit to that effect signed by the sibling.
 - (a) Prior to acceptance of such an affidavit the agency shall inquire of the sibling the circumstances which lead to the sibling's not remaining under the custody and control of the adoptee's and sibling's birth parent(s) until the sibling reached age 18. The results of the inquiry shall be documented in the case record.

- (b) The affidavit shall be signed before a notary or an authorized official of the agency.
- C. All waivers shall be on a form prescribed by the Department. (See copy of form attached.)
- II. Agencies shall advise adoptees and siblings who have filed waivers of confidentiality prior to the passage of this legislation or the availability of the form prescribed by the Department of the necessity to sign the waiver on the prescribed form and of the provisions of Civil Code Section 230.8.
- III. Agencies may charge a reasonable fee, not to exceed fifty dollars (\$50), for providing the services authorized by Civil Code Section 230.8.

The Department is preparing publicity to announce the availability of the waiver procedure authorized by Civil Code Section 230.8 as well as the waiver procedure for adoptees, birth parents, and adoptive parents as provided for in Civil Code Section 230.6.

Counties having questions regarding this notice should contact their Adult and Family Services Operations consultant at (916) 445-0623 or ATSS 485-0623. Private Agencies should contact the Adoptions Public Information and Operations Unit at (916) 322-5973.



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

Distribution Instructions:

Original: Agency/Department

Copy: Person Signing

**WAIVER OF RIGHTS TO CONFIDENTIALITY
OF ADOPTION RECORDS FOR SIBLINGS**

PLEASE NOTE:

This form must be witnessed by the Department or a licensed adoption agency representative or notarized. If the signing of this form is witnessed by the Department or an agency representative, some form of identification of the person signing must be obtained and noted on this form.

AGENCY CASE NUMBER

STATE CASE NUMBER

I am the

☐

Adult Adoptee (age 21 or older)

☐

Adult Sibling (age 21 or older)

PART A. To be completed by person signing waiver.

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known to or contained in the files of SDSS or licensed adoption agency for the sole purpose of allowing the Department or licensed adoption agency to release my name and address to the following person as designated:

☐

The Adoptee

☐

The Sibling

I realize that both of the designated persons must sign a waiver before the agency may arrange for contact among these persons, and that signing this waiver does not necessarily insure that a contact can be arranged. I understand that the law prohibits the Department or licensed adoption agency from soliciting, directly or indirectly, the execution of such a waiver. The sibling must also comply with all other provisions of Civil Code Section 230.8.

I certify that to the best of my knowledge, I am an adoptee or sibling of an adoptee. I understand that I should keep the adoption agency informed of my correct name and address.

I understand I have the right to rescind this waiver any time by notifying the Department or adoption agency in writing.

SIGNATURE				DATE
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN		IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.) (COMPLETE THIS ITEM IF PART B. IS COMPLETED.)		

PART B. To be completed by licensed adoption agency representative. If Part B. is completed, do not complete Part C.

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE	DATE	TELEPHONE NUMBER
AGENCY/DEPARTMENT NAME	ADDRESS	

PART C. To be completed by a Notary Public only if Part B. is not completed.

State of _____ }
County of _____ } ss.
Before me, _____, a Notary Public in and for said County and

State, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____
day of _____, 19 _____.

(Affix Notarial Seal)

Notary Public in and for the County of _____

State of _____

My commission expires _____

DIRECTIONS FOR THE USE OF THE SIBLING WAIVER FORM

In order to locate the correct adoption file, it is often necessary to have additional information than is already on the form. Please assist us by completing this form and adding information as follows:

Part A: Mark the box of the person with whom you wish contact. If known, supply the following information: (Reverse Side)

Adoptee's name, birthplace, birthdate

All names used by the birthmother (include middle and maiden names) and name of birthfather.

Full names of both adoptive parents

Parts B & C: Adoption agencies and notary publics are listed in your phone book.

What Happens to the Waiver?

The waiver may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office, Adoptions Branch, State Department of Social Services, 744 P Street, M.S. 19-31, Sacramento, CA 95814. It will be acknowledged and placed in the adoption file if it was an independent, (private) adoption. It will be forwarded to the correct agency, if it was an agency adoption, and you will be given the name of the agency. The agency will reply to you directly.

Please Note: (Complete Parts D, E, and F below, as appropriate)

Civil Code Section 230.8 requires that the agency shall not disclose the name and address of the adoptee or the existence of a waiver filed by the adoptee to a sibling who remained in the custody and control of the sibling's and adoptee's natural parents until age 18 unless consent for such disclosure is obtained from the natural parents. If the sibling remained in the custody and control of only one natural parent of the adoptee and sibling, only that natural parent's signature is necessary.

Part D. Natural parent(s)' consent - May be witnessed by a Notary or SDSS/Agency representative

I/We, the natural parent(s) of the adoptee and sibling hereby consent to the disclosure of the adoptee's name and address to his/her sibling.

Signature of Natural Parent(s)	Date	Signature of SDSS/Agency Representative or Notary
State of _____	} SS	_____
County of _____		Date (affix notarial seal)

Before me _____ a Notary Public in and for said county and state personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed same. In witness whereof I have hereunto set my hand and affixed my notarial seal. My commission expires _____.

Part E. Affidavit of Sibling to be signed if Part D not completed

I hereby declare under penalty of perjury that I did not remain under the custody and control of my and my adopted sibling's natural parents or parent until age 18.

Signature of Sibling	Date	Signature of SDSS/Agency Representative/Notary	Date
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Part F. To be used when one or more natural parents are deceased

I hereby declare that I am the sibling of the adoptee and that my and the adoptee's natural parent or parents are no longer living. Proof of the death of the parent/parents has been submitted in the form of ☐ death certificate ☐ newspaper clipping ☐ other (describe) _____

Signature of Sibling	Date	Signature of SDSS or Agency Representative	Date
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